

2022 Oregon Small Employer Group
Gold 4000: 20% 6500



Samaritan
Health Plans

| Benefit description | Member(s) responsibility |
|---|---------------------------------|
| Metal level | Gold |
| Deductible: single/family ¹ | \$4,000/\$8,000 |
| Out-of-pocket maximum: single/family ² | \$6,500/\$13,000 |
| Network | EPO |
| Coinsurance | 20% |
| Physician/Professional/Outpatient care | |
| Preventive care – men’s and women’s health care: pap test, breast exam, pelvic exam, mammogram, PSA test and digital rectal exam | \$0, deductible waived |
| Primary care provider office visits: includes family practice, pediatrics, internal medicine, naturopathy, general practice, obstetrics/gynecology | \$25, deductible waived |
| Specialty provider services: office visits to providers in specialties other than above | \$45, deductible waived |
| Telemedical services | \$0, deductible waived |
| Urgent care | \$45, deductible waived |
| Diagnostic: X-ray/EKG/ultrasound | 20%, deductible waived |
| Diagnostic: laboratory tests | 20%, deductible waived |
| Imaging: CT/MRI/PET/SPECT/EEG | 20% |
| Allergy and therapeutic injections | 20%, deductible waived |
| Maternity delivery care: professional services | 20% |
| Outpatient rehabilitation and habilitation therapy: 30-60 visit limit per year maximum | \$45, deductible waived |
| Outpatient surgery | 20% |
| Hospital care | |
| Inpatient hospital services | 20% |
| Inpatient rehabilitation and habilitation therapy: 30 days per year maximum | 20% |
| Emergency services | |
| Outpatient emergency room services: copay waived if admitted | \$300, then 20% |
| Inpatient admission from emergency room | 20% |
| Ambulance services: ground and air | 20% |

Behavioral services – chemical dependency and mental or nervous conditions

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| Provider services: office visit | \$25, deductible waived |
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| Outpatient services | 20% |
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| Inpatient services | 20% |
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Other services

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| Durable medical equipment | 20% |
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| Diabetes management: one initial program | \$0, deductible waived |
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| Hearing aids | 20% |
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| Home health visits | 20% |
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| Newborn home visits | \$0, deductible waived |
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| Medical supplies: including allergy serum and injected substances | 20% |
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| Prosthetic devices/Orthotic devices | 20% |
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| Skilled nursing facility care: 60 days per year maximum | 0% |
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| Injectable drugs in office setting | 20% |
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Pharmacy ³

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| Low cost tier | \$5, deductible waived |
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| Tier 1/Tier 2/Tier 3 | \$10/\$35/\$75, deductible waived - all tiers |
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| Tier 4/Tier 5 | 40%/50%, deductible waived - all tiers |
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Vision

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| Pediatric vision exam (age 0-19), one per calendar year | \$0, deductible waived |
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| Pediatric vision hardware (age 0-19), one per calendar year | No deductible up to \$150, then 20% after deductible |
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| Adult vision exam, one per calendar year | \$25, deductible waived |
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| Adult vision hardware, once per calendar year | \$175 allowance |
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Alternative care

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| Acupuncture Coverage for up to 12 acupuncture visits per calendar year | \$25, deductible waived |
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| Chiropractic (spinal manipulation) Coverage for up to 20 spinal manipulation visits per calendar year | \$25, deductible waived |
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| Massage therapy Coverage for up to 9 massage therapy visits per calendar year | \$25, deductible waived |
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| Naturopath | \$25, deductible waived |
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¹ The specified deductible must be met each calendar year (Jan. 1 through Dec. 31) before Samaritan Health Plans pays any claims.

² The annual out-of-pocket maximum includes the annual deductible, copays and coinsurance.

³ Insulin prescribed for the treatment of diabetes is not subject to a deductible and may not exceed \$75 for each 30-day supply.